Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042877
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2970

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. FERDINAND TWNSHIP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) HALLS FERRY MEMORIAL HOME — Length of stay in 1b 1 MONTH.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN HAZELWOOD 4060 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 898 TESON — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HERBERT Middle — Last PLANK

4. DATE OF DEATH Month NOV. Day 14 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH AUG 21, 1881
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILWAY EXPRESSMAN
10b. KIND OF BUSINESS OR INDUSTRY RAILROADING
11. BIRTHPLACE (City and state or country) MARYVILLE, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS PLANK
13b. MOTHER'S MAIDEN NAME ISABELLE MILES
14. NAME OF HUSBAND OR WIFE MADGE L. PLANK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 714-03-3105
17. INFORMANT Address DONALD G. PLANK, 898 TESON, HAZELWOOD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIO VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS — ?
DUE TO (c) 443X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAR. 1. 1958, to NOV 14. 1958 and last saw him alive on NOV 6. 1958
Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Cohen M.D.
22b. ADDRESS 10517 ST CHARLES ROCK RD ST ANN MO
22c. DATE SIGNED NOV 15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV. 17, 1958
23c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEMETERY
23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.

24. FUNERAL DIRECTOR ADDRESS THE FLORISSANT MORTUARY, 315 ST. FRANCOIS FLORISSANT, MO.
25. DATE RECD. BY LOCAL REG. 11-16-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke, M.D. Jpa

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Sue A Hutchens

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.